

CERTIFICATE OF BIRTH

County of _____

Township of

Inc. Town of

City of

STATE OF SOUTH CAROLINA

Section of Vital Statistics

State Board of Health

Registration District No.

File No.—For State (Inventory Only)

26316

Registered No.
(For use of Local Registrar)

..St: Ward)

(2) Full Name of Child

If child is not yet named, make supplemental report as directed

(2) **BOY OR GIRL**

(4) **Twins or Triplets?**
To be an

(1) Number in order of birth

410 Are Parents Necessary?

(7) DATE OF BIRTH: July 2, 1929

(2) FULL

FATHER

(9) PRESENT
POSTOFFICE
OF FATHER

(10) COLOR OR RACE

(11) **AGE AT LAST BIRTHDAY.**

12. ENTRADA

OCCUPATION

(20) Number of children born to mother, including present birth

(14) NAME BEFORE MARRIAGE

(15) **PRESENT
POST OFFICE
OF MOTHER**

(10) COLOR OR PAGE

UNITED STATES DEPARTMENT OF JUSTICE

10 OCCUPATION

(21) Number of children of this mother now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE:

(22) I hereby certify that I attended the birth of this child, who was
on the date above stated.

(28) (Signature)

(24) State whether Physician or Midwife

.....

(Given name added from a supplemental report)

(26) Witness (Signature of Witness necessary only
when question 23 is signed by mark)

(7) Filed Aug 11 1925. (28) J.D.M. Local Registrar.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. If a child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.